



City and Town Clerk

Registrar of Vital Statistics

888 Washington Boulevard

P.O. Box 891

Stamford, CT 06904-0891

(203) 977-4054

PLEASE NOTE: THE SOCIAL SECURITY NUMBER OF THE DECEDENT IS CONFIDENTIAL IN ACCORDANCE WITH PA 97-7. AS SUCH, ONLY SPECIFIC INDIVIDUALS, APPROVED BY THE DEPARTMENT OF PUBLIC HEALTH, WILL BE ISSUED CERTIFIED COPIES OF DEATH CERTIFICATES INCLUDING THE SOCIAL SECURITY NUMBER OF THE DECEDENT. ALL OTHER CERTIFIED COPIES WILL MASK THE SOCIAL SECURITY NUMBER OF THE DECEDENT TO COMPLY WITH THE PROVISION OF PA 97-7.

Remit personal check or money order made payable to: The City of Stamford, CT

Legal fee for death certificate is \$20.00 per certified copy

Number of Copies _____ X \$20.00 = \$ _____ Date: _____

APPLICATION FOR COPY OF DEATH CERTIFICATE

Full Name of Deceased: _____
(First Name) (Last Name)

Date of Death: _____
(Month) (Date) (Year)

Place of Death: _____
(Town)

Person Making This Request:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Relation to person on certificate: _____